COUNTY FAIR HOUSING CERTIFICATION

[To the county mental health department: Please complete the remainder of this form. The county mental health director must sign the form.]

Ms. Kathy Weremiuk, Chief, Multifamily Programs California Housing Finance Agency 100 Corporate Pointe, Suite 250 Culver City, California 90230

Re:	Project Name:	
	MHSA Project Number:	
	-	

Dear Ms. Weremiuk:

I hereby certify that I am the official responsible for the administration of community mental health services for my County and a co-applicant for MHSA Housing Program funds for the project listed above (the "Project") and that I am aware of the following:

- That CalHFA is not reviewing the MHSA application for compliance with state or federal fair housing laws, including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973 which may apply to the Project.
- That federal and state fair housing laws, including without limitation the Fair Housing Act and Section 504 of the Rehabilitation Act of 1973, may apply to the Project and may affect occupancy restrictions imposed by the MHSA Housing Program.
- That changes in or interpretations of federal or state law or regulations, including fair housing, may result in CalHFA making necessary changes to the MHSA loan documents to ensure compliance.
- That unless required by the California Department of Mental Health, such changes made to the MHSA loan documents by CalHFA will not trigger an early loan payoff request of either principal or accrued interest from CalHFA.

I hereby certify that I am the official responsible for the administration of community mental health services in and for this county, and that to the best of my knowledge and belief all statements on this form are true and correct.

Signature:	Dated:	
County Mental Health Director		
Name:	_	
Agency or Department:	<u> </u>	
Agency or Department Address:		
Agency or Department Phone:		